

## Statewide Vision Program EyeMed Vision Care Plan - Frequently Asked Questions

### **1. *Who is eligible to enroll?***

Active State of Delaware employees, pensioners, Long Term Disability (LTD) recipients, and COBRA participants are eligible to enroll.

**State of Delaware Employee/Pensioners/LTD recipient:** You are eligible if you are:

- a. a permanent full-time employee (regularly scheduled 30 or more hours per week or 130 or more hours per month);
- b. an elected or appointed official as defined by 29 Del. C. §5201;
- c. a permanent part-time employee (regularly scheduled to work less than 130 hours per month);
- d. a limited term employee (as defined by Merit Rule 10.1);
- e. a pensioner receiving or eligible to receive a pension from the State;
- f. a per diem or contractual employee of the Delaware General Assembly who has been continuously employed for 5 years;
- g. a temporary employee (regularly scheduled 30 or more hours per week or 130 or more hours per month) as defined by 29 Del. C. §5207.

**Long Term Disability Recipient:** You are eligible if you were a State of Delaware employee and are now receiving a LTD benefit from The Hartford.

### **2. *When can I enroll in the Statewide Vision Plan?***

Newly hired employees are eligible to enroll in the vision care plan either (1) effective the first of the month following their date of hire or becoming benefit eligible, or (2) the first of month following 90 days of employment. Otherwise, they will not be eligible to participate again until the next annual benefits open enrollment period.

**Newly Eligible Pensioner/Retiree:** Complete the EyeMed enrollment form that is included with your retirement packet provided from your retiring agency.

**Newly Eligible LTD recipients:** Complete the EyeMed enrollment form that is included with your LTD packet mailed to you from the Office of Pensions

### **3. *What are my premium payment options?***

State of Delaware employees pay their premium through bi-weekly automatic pre-tax payroll deductions. State of Delaware pensioners and survivors pay their premium monthly through automatic pre-tax payroll deduction from their monthly pension benefit. Long Term Disability recipients pay their premium monthly through their LTD check from the Hartford or by personal check to the Office of Pensions in the event the LTD check does not cover the

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premium amount. Cobra enrollees will receive bills directly from the State's COBRA administrator.

### 4. *What happens if my employment is terminated?*

If your employment is terminated with the State of Delaware, your coverage will end on the last day of the month that employment terminates. You may be eligible to re-enroll for vision coverage under COBRA.

### 5. *What happens if I retire?*

Benefit eligible pensioner retirees will still be eligible for this benefit. Your coverage will terminate under your Active Employee ID number effective your retirement date.

✓ If you wish to continue your vision care coverage as an eligible pensioner/retiree you are required to complete the *EyeMed enrollment form* that is included with your retirement packet provided from your retiring agency.

✓ If you wish to decline enrollment in vision coverage you are required to complete the *Vision Insurance Coverage Refusal form* that is included with your retirement packet provided from your retiring agency.

### 6. *If my spouse also works (or has retired) for The State of Delaware can we enroll ourselves and our dependents under each other?*

No. You may each enroll individually or you may enroll yourself under your spouse or your spouse under yourself but not both. If dependent children are enrolled the enrollment will be in accordance with the State's Eligibility and Enrollment Rules (EER) 3.09 or 2.02 and 2.03, if applicable. You are responsible for the premium payment for your vision plan.

### 7. *What happens if I experience a Qualifying Event i.e. marriage, divorce, birth, adoption of a child, overage dependent or change in my spouse's benefit status?*

If you experience a Qualifying Event you must contact your organization's Human Resources or Benefits Office within 30 days of the qualifying event and request the change. This includes overage dependents who no longer qualify to be covered under the plan.

Pensioners/Retirees/LTD Recipients must contact the Benefits Unit of the Office of Pensions within 30 days of the qualifying event and request the EyeMed enrollment/change form. You must provide proof of the qualifying event along with the enrollment/change form.

In the event your spouse obtains vision insurance, you may cancel coverage for your spouse and/or your children (if they are also enrolled in spouse's plan) but your employee coverage will remain in effect through the plan year.

Changes to your enrollment as a result of a qualifying event are effective the first day of the month following the date of the qualifying event – ***with the exception of Divorce***. Coverage for the ex-spouse will terminate the day following the divorce. Premiums are paid on a monthly basis and not prorated.

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**8. *If I transfer from one state agency to another, does this count as a Qualifying Event to enroll for vision benefits?***

Only if you and your covered dependents are currently enrolled under a school district vision benefit and will involuntarily lose those vision benefits under the new agency.

In the event you are eligible to enroll in EyeMed, you must contact your organization's Human Resources/Benefits Office within 30 days of the transfer to enroll in the state's vision benefit. Vision coverage is effective the first day of the month following the date of the transfer.

**9. *What happens if I go on Military Leave – may I continue my benefits?***

Yes. Eligible employees enrolled in the vision plan with EyeMed can continue their vision benefits while on approved active military leave. Employees are required to contact their HR/Benefits Office to make payment arrangements to pay their vision premiums.

**10. *What happens to my coverage if on authorized Leave of Absence without pay – may I continue my benefits?***

Yes. Eligible employees enrolled in the vision insurance plan with EyeMed can continue their vision benefits while on an authorized unpaid leave of absence. Employees are required to contact their HR/Benefits Office to make payment arrangements to pay their vision premiums.

**11. *Is this a binding election?***

Yes. Once you enroll, you may not drop coverage during the plan year. Dependents coverage may be dropped due to a Qualifying Event.

**12. *Who should I call with questions, problems?***

If you have questions about your vision plan coverage contact EyeMed Member Services toll-free at 1-855-259-0490.

**13. *What ID number do I use when calling EyeMed or logging onto [www.eyemedcare.com](http://www.eyemedcare.com) for the first time?***

EyeMed will be generating a unique Member ID for each member. Your *Member ID* will be found on your ID card. If you do not know your Member ID, a Customer Service person will be able to locate your membership by your name and date of birth.

**14. *When will I receive my ID card from EyeMed?***

You will receive an ID card within 15 business days after EyeMed receives your enrollment information from the State of Delaware. Two cards are issued in the Primary Subscriber's name and eligible dependents can use one of these cards.

**15. *Do I need my EyeMed ID Card to obtain services?***

No, you do not need your ID card in order to use your EyeMed benefit. If you have your card, we recommend you take it with you, as it helps the provider correctly apply your discount or benefit. However, if you don't have a card, simply let the provider office staff know that you are an EyeMed member, and they can verify your plan details and vision coverage for you.

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***16. How can I order replacement ID cards?***

You can print an ID card by logging into the secure member area of the EyeMed Vision Care website at [www.eyemed.com](http://www.eyemed.com), or you can call Customer Service toll-free at 1-855- 259-0490.

***17. What are the age limits for dependent children participating in the vision plan?***

Dependent children are eligible for vision coverage through the end of the month in which the dependent child attains age 26, regardless of full-time student status.

***18. What is the benefit frequency for Exam, Lenses, Frame OR Contacts?***

Members are eligible for an exam, frames, lenses or contact lenses within the plan year. Benefits will refresh every plan year starting on 7/1. For example, members can utilize their benefits any time between 7/1 and 6/30 of the current plan year. Eyeglass lenses are in lieu of contact lenses, which means, **vision plan does not cover both**; Lenses **OR** Contact Lenses within the 12-month benefit period.

***19. Do I need to utilize my benefits for materials (eyeglasses or contacts) at the same time I receive my exam?***

No. Your exam and eyewear (eyeglasses or contacts) are viewed as separate benefits and can be utilized at separate intervals.

***20. Can I see one doctor for my exam and order my eyeglasses through another provider or from an In-Network retail location?***

Yes. Members are free to receive their comprehensive eye examination from one provider and purchase their eye wear from another; they can even use the 40% discount off additional eyewear at yet another provider office, as long as all providers are in-network and the prescription is current. When receiving contact lenses services, please consult with the provider regarding their guidelines or contact EyeMed at 1-855-259-0490 to discuss benefits through ContactsDirect.

***21. What if I have an emergency, such as lost, stolen or broken eyeglasses?***

Call EyeMed's Member Services Department toll-free at 1-855-259-0490 to determine if you are currently eligible based on your past service history. If you have already utilized your benefits for frame and lenses or contacts, your EyeMed plan does offer a 40% discount off a full pair of eyeglasses (Frames and Lenses).

***22. What if I experience problems with the materials received through my EyeMed network provider?***

Contact your EyeMed network provider or EyeMed's Member Services Department toll-free at 1-855-259-0490.

***23. Are my dependents also responsible for paying plan copays?***

Yes. You and your covered dependents are each responsible for paying the appropriate copy(s) at the time covered services are obtained.

***24. Am I eligible for contacts?***

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Yes. You may choose contacts instead of prescription eyeglass lenses. The \$160 allowance applies to the contact lens materials. The contact lens professional service (fit and follow up) is a separate charge. Contact lens services are in addition to your eye exam and to ensure compatibility and proper fit of your contacts. The \$160 allowance is a declining balance; therefore, any additional balance will be available for use within the same benefit period.

Where a member previously utilized an In-Network Provider, the remaining balance must be used at an In-Network Provider. Where a member previously utilized an Out-of-Network Provider, the remaining balance must be used at an Out-of-Network Provider.

**25. What is the difference between a Standard and Premium Fit and Follow Up?**

**The Standard contact lens fit** applies to clear, soft, spherical (astigmatism less than .75D), daily wear contact lenses for single vision prescriptions. It does not include extended/overnight wear.

**The Premium contact lens fit** applies to more complex applications, including, but not limited to toric (astigmatism .75D or higher), bifocal/multifocal, prescription colored lenses, post-surgical and gas permeable. It does include extended/overnight wear for any prescription.

A member will pay up to \$55 for a standard fit and follow up, and will receive a 10% discount on a Premium fit and follow up.

**26. What is the benefit available to Diabetics?**

If you are a Type 1 or Type 2 Diabetic, you are eligible for additional office service visits once every six months as well as other diagnostic services as defined in the vision plan's Summary Plan Description (SPD). If you choose to go out-of-network, you must pay the non-EyeMed provider up front and submit your claims for reimbursement and will be reimbursed according to the State of Delaware out-of-network allowance schedule. Please contact EyeMed toll-free at 1-855-259-0490 to request the Diabetic Plan out-of-network claim form.

**27. What is Vision Therapy and what does the Vision Therapy benefit cover?**

Vision therapy is used to correct or improve visual problems associated with sensory and/or muscular deficiencies of the eye including, but not limited to: conditions commonly referred to as lazy eye, turned eye, and eye teaming. Vision therapy can also be called visual or vision training, eye training, or eye exercises.

There is no pre-authorization necessary. Benefits include, but are not limited to:

One annual vision therapy evaluation covered in full (when received in-network). Plus EyeMed will pay 75% for vision therapy treatment visits up to the annual maximum of 10 visits. The patient is responsible for the remaining 25%. Additional vision therapy visits are handled privately between you and your provider.

If you choose to go out-of-network, you must pay the non-EyeMed provider up front and submit your claims for reimbursement. A member will be reimbursed \$46 for the vision therapy evaluation and 75% for vision therapy treatment visits up to the annual maximum of 10 visits. Please contact EyeMed at 855-259-0490 to request the Vision Therapy plan out-of-network claim form.

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**28. *How can I find out if I am eligible for Vision Therapy or Diabetic benefits?***

Please contact EyeMed toll-free at 1-855-259-0490 to confirm eligibility information.

**29. *How can I utilize the Discount for LASIK or PRK?***

As an EyeMed member, you are eligible for a discount of 15% off the retail price or 5% off any promotional price on LASIK or PRK Vision Correction. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since LASIK or PRK Vision Correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

**30. *What benefits are available if I choose to see an out-of-network provider?***

If you see an out-of-network provider, you will pay in full at the time of your visit and will be reimbursed according to the State of Delaware out-of-network allowance schedule. You will need to submit the ***Out-of-Network claim form*** with receipts. That form can be downloaded from [www.eyemed.com](http://www.eyemed.com), (***under the Member Resources tab and by clicking the Using Your Benefits tab***). Your reimbursement does not guarantee full payment, and EyeMed cannot guarantee your satisfaction when services are received from a provider who does not contract with EyeMed.

**31. *How do I disenroll/terminate my EyeMed coverage?***

If you are currently enrolled and wish to terminate your vision coverage, you may do so only during Open Enrollment, usually held in May each year. The termination would be effective July 1<sup>st</sup> of that year.